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Bib Data Sheet

CONFIRMATION NO. 3702

<b>SERIAL NUMBER</b> 09/997,745	<b>FILING DATE</b> 11/29/2001 <b>RULE</b>	<b>CLASS</b> 180	<b>GROUP ART UNIT</b> 3619	<b>ATTORNEY DOCKET NO.</b> DP-306477 7500/124
<b>APPLICANTS</b> Sanjiv G. Tewani, Lebanon, OH; Mark W. Long, Bellbrook, OH; Mark O. Bodie, Dayton, OH; James P. Hamberg, Tipp City, OH;				
<b>** CONTINUING DATA *****</b> <i>MJ 8-8-02</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>MJ 8-8-02</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/11/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>M. Jones 8-8-02</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 14
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> DELPHI TECHNOLOGIES, INC. Legal Staff Mail Code: 482-204-450 1450 W. Long Lake P.O. BOX 5052 Troy, MI 48098				
<b>TITLE</b> Powertrain mount with floating track				
<b>FILING FEE RECEIVED</b> 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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**\*BIBDATASHEET\*****CONFIRMATION NO. 3702**

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SERIAL NUMBER 09/997,745	FILING DATE 11/29/2001  RULE	CLASS 267	GROUP ART UNIT 3683	ATTORNEY DOCKET NO. DP-306477 7500/124
<b>APPLICANTS</b>  Sanjiv G. Tewani, Lebanon, OH;  Mark W. Long, Bellbrook, OH; Mark O. Bodie, Dayton, OH; James P. Hamberg, Tipp City, OH;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/11/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> Allowance Examiner's Signature _____ Initials _____	STATE OR  COUNTRY OH	SHEETS  DRAWING 2	TOTAL  CLAIMS 14
INDEPENDENT  CLAIMS 3				
<b>ADDRESS</b> DELPHI TECHNOLOGIES, INC. Legal Staff Mail Code: 482-204-450 1450 W. Long Lake P.O. BOX 5052 Troy , MI 48098				
<b>TITLE</b> Powertrain mount with floating track				
FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	



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CONFIRMATION NO. 3702

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SERIAL NUMBER 09/997,745	FILING DATE 11/29/2001  RULE	CLASS 267	GROUP ART UNIT 3683	ATTORNEY DOCKET NO. DP-306477 7500/124
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/11/2001				
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